

#7
5-503
Done

Please type a plus sign (+) inside this box



PTO/SB/82 (10/00)

Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. Department of Commerce

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/915,121
Filing Date	July 25, 2001
First Named Inventor	James Costin
Group Art Unit	1623
Examiner Name	E. White
Attorney Docket Number	452005-43

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☐ Customer Number

27162

Place Customer Number
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Raymond E. Stauffer Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein				
Address	6 Becker Farm Road				
City	Roseland				
Country	USA	State	NJ	Zip	07068
Telephone	973-994-1700	Fax	973-994-1744		

I am the:

☐ Applicant/inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	MEDPOINTE HEALTHCARE INC., PREVIOUSLY CARTER-WALLACE, INC.
Signature	<i>[Handwritten Signature]</i>
Date	4/9/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

#175455 v1

Received from < > at 4/9/03 9:52:21 AM [Eastern Daylight Time]

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. Department of Commerce

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/915,121
Filing Date	July 25, 2001
First Named Inventor	James C. Costin
Group Art Unit	1623
Examiner Name	E. White
Attorney Docket Number	452005-43

I hereby appoint:

Practitioners at Customer Number
OR

27162

Place Bar code label here



Practitioner(s) named below:

Name	Registration Number
Elliot M. Olstein	24,025
John G. Gilfillan, III	22,746
John N. Bain	18,661
Raymond J. Lillie	31,778
William Squire	25,378
Alan J. Grant	33,389
Francis C. Hand	22,280
Glenn G. Troublefield	39,050
Raymond E. Stauffer	47,109

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

OR



Practitioners at Customer Number

OR

Place Bar code label here

Firm or
Individual Name

Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein

Address

6 Becker Farm Road

City

Roseland

State

NJ

Zip

07068

Country

USA

Telephone

973-994-1700

Fax

973-994-1744

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

MEDPOINT HEALTH CARE INC., Previously CARTER-WALLACE, INC.

Signature

Date

4/3/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below



*Total of

forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231

#175453 v1

Received from < > at 4/9/03 9:52:21 AM [Eastern Daylight Time]